

**DECLARATION FOR PATENT APPLICATION**

(Includes Reference to PCT International Applications)

**ATTORNEY'S DOCKET NUMBER**

402162000200

As below named inventors we hereby declare that:

Our residence, post office address and citizenship are as stated below next to our names,

We believe we are the original, first and joint inventors of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**RECOMBINANT PROCESS FOR PREPARING A COMPLETE MALARIA ANTIGEN, GP190/MSPI**

the specification of which (check only one item below):

- is attached hereto.  
 was filed as United States application

Serial No.  
 on,  
 and was amended on (if applicable).

- was filed as PCT international application

Number PCT/EP97/05441  
 on October 2, 1997.

We hereby state that we have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

We acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37 Code of Federal Regulations § 1.56(a) and (b).

We hereby claim foreign priority benefits under Title 35 United States Code § 119 of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed:

**PRIOR FOREIGN/PCT APPLICATION(S) AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. § 119:**

COUNTRY (if PCT indicate "PCT")	APPLICATION NUMBER	DATE OF FILING (day, month, year)	PRIORITY CLAIMED UNDER 35 U.S.C. § 119
Germany	196 40 817.2	02.10.1996	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO

Declaration for Patent Application (Continued)  
(Includes Reference to PCT International Applications)

O I P E  
P A T E N T / T R A D E M A R K O F F I C E  
OCT 01 1999

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We hereby claim the benefit under Title 35, United States Code, § 120 of any United States application(s) or PCT International application(s) designating the United States of America that is/are listed below and, if so far as the subject matter of each of the claims of this application is not disclosed in that/those prior application(s) in the manner provided by the first paragraph of Title 35, United States Code, § 112, we acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, § 1.56(a) which occurred between the filing date of the prior application(s) and the national or PCT International filing date of this application:

PRIOR U.S. APPLICATIONS OR PCT INTERNATIONAL APPLICATIONS DESIGNATING THE U.S. FOR BENEFIT  
UNDER 35 U.S.C. § 120:

U.S. APPLICATIONS		STATUS (Check one)		
U.S. APPLICATION NUMBER	U.S. FILING DATE	PATENTED	PENDING	ABANDONED

PCT APPLICATIONS DESIGNATING THE U.S.

PCT APPLICATIONS DESIGNATING THE U.S.			STATUS (Check one)		
PCT APPLICATION NUMBER	PCT FILING DATE	U.S. SERIAL NUMBERS ASSIGNED (if any)	PATENTED	PENDING	ABANDONED (Expired)

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (List name and registration number)

Send correspondence to: Paul A. Borden Morrison & Foerster LLP 755 Page Mill Road Palo Alto, California 94304-1018			Direct telephone calls to: Catherine M. Polizzi at (650) 813-5651	
201	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	REMLERSTRASSE 9	HEIDELBERG	GERMANY
202	FULL NAME OF INVENTOR	FAMILY NAME	Rolf	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	LUDWIGSBURG	GERMANY	STATE & ZIP CODE/COUNTRY
203	FULL NAME OF INVENTOR	FAMILY NAME	WEIQING	D-69120/Germany
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	SECOND GIVEN NAME
	POST OFFICE ADDRESS	IM BUSCHGEWANN 71	HEIDELBERG	D-71636 Germany

We hereby declare that all statements made herein of our own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment or both, under section 1001 of Title 18 of the United States Code, and that such willful false statement may jeopardize the validity of the application or any patent issuing thereon.

SIGNATURE OF INVENTOR 201 <i>Ih. B.</i>	SIGNATURE OF INVENTOR 202 <i>K. Toll</i>	SIGNATURE OF INVENTOR 203 <i>W. Polizzi</i>
DATE <i>31.5.99</i>	DATE <i>27.5.99</i>	DATE <i>05.06.99</i>